MAR 2 4 2005 P. S.

## AMENDMENT TRANSMITTAL LETTER (SMALL) Docket No. 50508-1030 Applicant(s): Roback Serial No. Filing Date Examiner Confirmation No. Group Art Unit 10/602,981 June 24, 2003 Cross, L.I. 2039 1743 Invention: Immunological Assay System and Method **Commissioner for Patents** P.O. Box 1450 Alexandria VA 22313-1450 Transmitted herewith is Response to First Office Action (With Amendments) in the above-identified application. The fee has been calculated and is transmitted as shown below **CLAIMS AS AMENDED** CLAIMS REMAINING HIGHEST# NUMBER EXTRA ADDITIONAL AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT RATE FEE TOTAL CLAIMS 41 -46 = 0 Χ \$25.00 \$0 INDEP. CLAIMS 4 -4 = 0 Χ \$100.00 \$0 Multiple Dependent Claims (check if applicable) \$180.00 \$ **EXTENSION FEE** 1<sup>ST</sup> MONTH 2<sup>ND</sup> MONTH 3<sup>RD</sup> MONTH 4<sup>TH</sup> MONTH \$60.00 \$225.00 \$510.00 \$795.00 Other Fees: \$ TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0 No additional fee is required. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed. A duplicate copy of this page is enclosed. A Credit Card Payment Form PTO-2038 is attached in the amount of \$65.00. The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

Cynthia J. Lee, Reg. No. 46,033

63/21/oS Date

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Effective on 12/08/2004 Fees Pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).		Complete if Known	•	
FEE TRANSMITTAL For FY 2005	Application Number	10/602,981	•	
For FY 2005	Filing Date	June 24, 2003	•	
	First Named Inventor	Roback		
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Cross, L.I.		
	Art Unit	1743		
TOTAL AMOUNT OF PAYMENT (\$)65.00	Attorney Docket No.	5050-1031		

METHOD OF PA	AYMENT (	check all that appl	y)					
Check X	Credit Ca	rd Money C	Order No	one Other (p	lease identify):			
Deposit Acc	ount Dep	osit Account Number:	<b>20-0778</b> Depo	sit Account Name: The	omas, Kayden,	Horstemeyer Ris	sley, L.L.P.	
	Deposit Account Deposit Account Number: 20-0778 Deposit Account Name: Thomas, Kayden, Horstemeyer Risley, L.L.P.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fe	ee(s) indicated	d below		Charge fee(s) indica	ted below, except	for the filing fee		
Charge a	ny additional	fee(s) or underpaymer	nts of fee(s)	Credit any overpaym	nents			
	CFR 1.16 and		rodit and Informat	ion abould not be includ	ad an thin farms. D			
authorization on PTO-	2038.	may become public. C	redit card informat	ion should not be includ	ea on this form. Pi	rovide credit card into	rmation and	
FEE CALCULAT	TION							
1. BASIC FILING	, SEARCH,	AND EXAMINATIO	N FEES					
Filing Fees		Searc	Search Fees		Examination Fees			
Application Type	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100	121	
Design	200	100	100	50	130	65		
Plant Reissue	200	100	300	150	160	80		
Provisional	300 200	150 100	500 0	250 0	600 0	300		
i Tovisional	200	100	U	U	U	0		
2. EXCESSIVE CL	AIM FEES							
Fee Description						Fee (\$)	Small Entity Fee(\$)	
Each claim over 20 (i	ncluding Reis	sues)				50	25	
Each independent cla Multiple dependent c		cluding Reissues)				200 360	100 180	
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Depend		
	20 or HP =						Fee Paid (\$)	
	of total claims	paid for, if great than 20						
Indep. Claims	-3 or HP =	Extra Claims	<u>Fee (\$)</u>	Fee Paid (\$)				
HP = highest number of	of total claims	paid for, if great than 3						
3. APPLICATION	SIZE FEE							
If the specification	and drawing	s exceed 100 sheet	s of paper, the	application size fee o	due is \$250 (\$12	25 for small entity)		
for each additiona	al 50 sheets	or fraction thereof.	See 35 USC 4	1(a)(1)(G) and 37 Cl	FR 1.16(s)	io ioi oiiiaii oiiiity)		
Total Sheets	Ex	tra Sheets Num	ber of each add	ditional 50 or fraction	on thereof	Fee (\$)	Fee Paid	
	-100 =	/E0-					<u>(\$)</u>	
		/50=		(round up to a who	ole number) x	=		
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
•	ncauon, ninal Discla		entity discount)				CE 00	
							65.00	

SUBMITTED BY	Complete (if applicable)	e (if applicable)			
Signature	Canthiag. Lu	Registration No. 46,033	Telephone Number 770-933-9500		
Name: (Print/Type)	Print/Type) Cynthia J. Lee		Date: 03/21/65		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) and application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send to Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## **CERTIFICATE OF MAILING**

Thereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

## Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Confirmation No.: 2039

Group Art Unit: 1743

Examiner: Cross, L.I.

Docket No. 50508-1031

on March 21, 2005

Jennifer Pomonis

In Re Application of:

Roback

Serial No.: 10/602,981

Filed: June 24, 2003

For: Immunological Assay System and Method

The following is a list of documents enclosed:

Return Postcard Amendment Transmittal Page Response

Terminal Disclaimer

Credit Card Authorization Form in the amount of \$65.00 for filing a Terminal Disclaimer

Fee Transmittal

Certificate of Mailing

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.